Vol. 20 No. 1 Winter 2004

MINNESOTA Board of Dentistry Updates

"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals"

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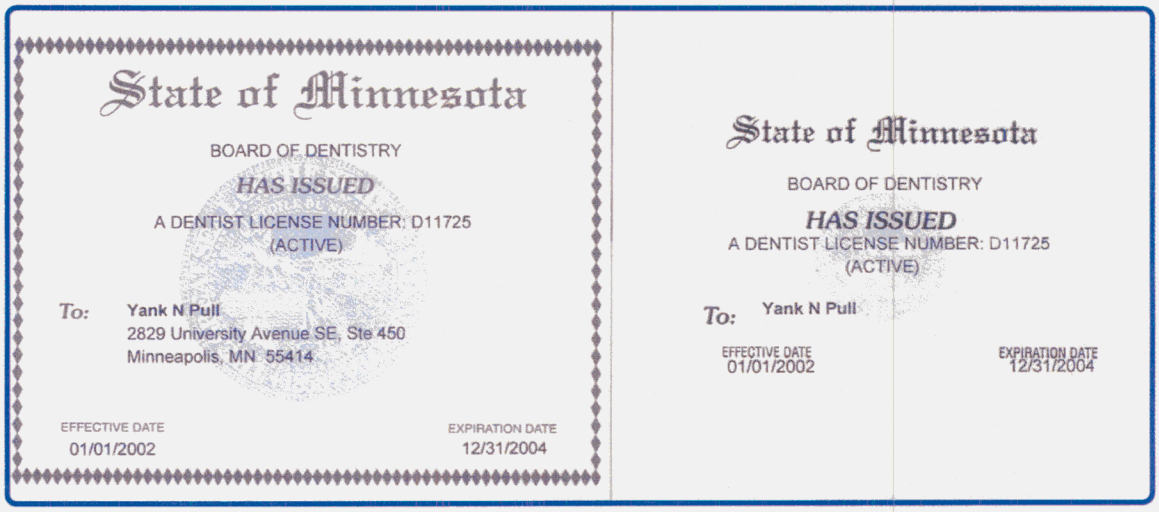
DON'T THROW ME AWAY!

The new annual renewal certificates have been mailed, and have taken on a new size and appearance. The certificates are consistent with the type provided by other health professions, and with those provided by most other Boards of Dentistry. The certificate must be posted where patients can easily see it.



State of Minnesota

BOARD OF DENTISTRY

HAS ISSUED

A DENTIST LICENSE NUMBER: D11725

(ACTIVE)

To: Yank N Pull
2829 University Avenue SE, Ste 450
Minneapolis, MN 55414

EFFECTIVE DATE 01/01/2002

EXPIRATION DATE 12/31/2004

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A DENTIST LICENSE NUMBER: D11725

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The Board has received a number of calls about the certificate, most with regard to the appearance, size, and inclusion of addresses. We are sorry for your disappointment; these concerns are being addressed. Discussions have been held by Board staff, and at public meetings of the Board. The *appearance* and *size* concerns are cost issues, and are unlikely to be changed. The concern about including *addresses* will result in a correction on future renewal certificates. Although licensee and registrant addresses are classified by the State as public data, the Board had no intent of broadcasting this information on documents that are required to be posted in health care settings.

Please note that the original licenses issued to dental professionals continue to be provided in a large format with signatures and a state seal. Options for displaying the renewal certificate include, for size concerns: obtain a mat to allow you to use the same frame you have used in previous years; and for address concerns: (1) use the wallet card, which will be acceptable for 2004 only, or (2) cover up the address - without altering the certificate.

MESSAGE FROM THE PRESIDENT

Freeman Rosenblum D.D.S., M.S.D.

In the last few years the Minnesota Dental Assistants Association has been trying to gain the support of the Minnesota Legislature to change their classification from "registered" to "licensed." In the last legislative session, the Senate passed the change but it was ultimately defeated in the House. The Minnesota Board of Dentistry has supported this change from the outset. It is our belief that licensure is a more appropriate regulatory designation for assistants, because of the educational requirements, the standardized exams necessary for Minnesota practice, and the necessity of complying with the Dental Practice Act, including professional development. The expanded functions that were introduced a number of years ago - along with new clinical responsibilties - further justifies their request.

Last year the Minnesota Dental Association Access bill included language stating the Board should hold a summit that would include all of the dental associations to review their positions on dental assistant licensure with the idea that if a consensus could be reached, the legislature could then make a final decision and lay this controversy to rest. Even though the Minnesota Dental Hygiene Association, the Minnesota Dental Assistants Association, the Minnesota Educators of Dental Assistants, the American Dental Assistants Association, the Dental Assisting National Board, the Board of Dentistry and other groups and individuals all agreed on the validity of this classification change, the Minnesota Dental Association remained alone in their opposition. The MDA bases their opposition on (1) the potential for confusion among the public and the profession, (2) lack of clinical exam by an objective testing agency, (3) the supervision of and responsibility for dental assistant services by dentists, and (4) concerns about restricting entry into the profession.

A concern facing the dental profession is the attrition of dental assistants out of the field. A study done by DANB showed that certified dental assistants stay in the profession longer, and that higher levels of credentialing equate to extended careers in dentistry. It can be concluded that if the dental assistants' stature and professional recognition is improved they would be more likely to remain in the field longer.

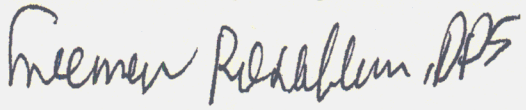
The American Dental Associationheard testimony in 2000 on this controversy. Those opposed to licensure emphasized that dental assistants function under the direct supervision of a dentist, and do not make independent judgments regarding direct patient care in their jobs; and therefore, licensure is not warranted. In reviewing the present scope of practice for dental assistants under the Minnesota Dental Practice Act, one can only conclude that this resolution does not take into account the expanded duties Minnesota's dental assistants do in providing direct patient care. Very few states have as many expanded functions that the assistant is allowed to do under indirect and direct supervision that include formal education and competency testing.

One argument against change is the fear by dentists, as employers and business owners, that dental assistants will demand higher compensation. At the summit, the leaders and educators of the assistants emphasized that their objectives in the field longer.

Only a few of other states have, to date, classified the assistant as licensed. However, each state may have a different definition for certified, registered and licensed. One reference that the Board refers to is the Minnesota Office of the Legislative Auditor (OLA). A report by the OLA states that "registration is a roster of practitioners that is maintained by the state without any restrictions on the right to practice or the right to use a title." A House of Representatives Research report provides additional support, defining licensure as "authority granted to specific people to engage in a defined set of functions and activities constituting a scope of practice. The qualifications necessary to practice may include satisfying educational and experience requirements and passing an examination." Even though there are other professions that are licensed and require no examination, the dental assistants must pass a test before being allowed to practice. Curiously, there are other professions in Minnesota that are classified as being licensed that do not have any college requirements.

How can we keep giving these individuals more responsibilities in patient care and at the same time not recognize how important they are in what they do for our patients? This change recognizes the appropriateness of the classification. If dental assisting were to be an emerging profession, rather than one that has been established with a long and respectable

history, dental assisting would certainly be regulated through icensure.The dental profession in this state has led the nation in many ways. We should be very proud of what has been accomplished in both dealing with access issues and the progressive position we have taken on many fronts. I would encourage all dentists, hygienists, and assistants to think about this issue. If you agree with the Board's position, let us know. I would also encourage you to contact your professional association and your legislators.



Update on proposed changes

In the previous edition of the Board's newsletter Updates, we addressed the proposed rule changes regarding continuing education, reinstatement, initial and renewal of licensure/registration. We invited feedback from our readers. While many of the comments were positive and supportive, for educational purposes we would like to respond to those who offered constructive questions and comments of concern. There are many important issues the Board wishes to address so we have placed these comments in a question and answer format that you can find on our website. dentalboard.state.mn.us.

REQUEST FOR COMMENTS: NEW RULES

Proposed Permanent Rules Relating to Licensure and Registration Renewal and Continuing Education, Minnesota Rules, Chapters 3100.0100, 3100.1700, 3100.1750, 3100.1850, 3100.2000, 3100.3600 and 3100.6300.

The proposed permanent rules change the continuing education (CE) cycle and requirements for all regulated dental professionals, and change the renewal period for those professions. The proposed rules offered would change the current CE cycles for dental professionals from five-year to two-year cycles, establish some targeted areas for continuing education, and change the renewal period from annual to biennial to coincide with the CE cycle.

NOTICE: The Request for Comments will be published and appear in the *State Register* on **MONDAY, FEBRUARY 9, 2004.** The Minnesota Board of Dentistry has prepared and posted a draft of the proposed rule changes on the board's official website. The website address is dentalboard.state.mn.us. Persons interested in a paper copy of the draft of rule changes should contact the agency directly.

NON-REGISTERED DENTAL ASSISTANTS... WHAT ARE THEY ALLOWED TO DO?

The Board recently published a table of allowable duties for dental hygienists and registered dental assistants. The table had been revised based on Rule changes that were adopted over the past year. The table does not address the permissible duties for unregistered dental assistants; however, as this group is not under the Board's jurisdiction.

Unregistered dental assistants are not ignored by the Board's rules, though. According to MR 3100.8400, the duties that a non-registered dental assistant may do are limited to:

- Performing those **duties not directly related** with performing dental treatment or services on patients;
- **Retracting** a patient's cheek, tongue, or other parts of tissue during a dental operation;
- **Assisting with the placement or removal of a rubber dam** and accessories used for its placement and retention (as directed by an operating dentist during the course of a dental operation);
- **Removing debris** created or accumulated during the course of treatment rendered by a licensed dentist during or after operative procedures by the dentist by the use of vacuum devices (suction), compressed air, mouthwash, and water;
- Providing assistance, including the placement of articles and topical medication in a patient's oral cavity, in response to a specific direction to do so by a licensed dentist who is then and there actually engaged in performing a dental operation and in a position to give personal supervision of that assistance; and
- Aiding dental hygienists and registered dental assistants in the performance of their duties as defined in Rule.

Conduct beyond these limitations goes beyond the allowable scope for an unregistered dental assistant. Registered dental assistants are required to complete a comprehensive program of study at an accredited educational institution, and are tested in those programs to assure their competence. Expanded functions are only allowed to be performed by appropriately credentialed registered dental assistants or dental hygienists.

INTERPRETER SERVICES:

(from the Minnesota Health Care Provider Manual)

A discussion on informed consent was presented in the Fall, 2002 issue of *Updates*. The article dealt with the components of informed consent (options presented, risks/benefits of each provided, and documentation that the patient has consented to a specific treatment), and the importance of ensuring that the patient actually understands the choices and agrees. Informed consent is challenging enough on its own, and becomes even more challenging when communication is tested by language differences or a hearing impairment.

As a continuation of the previous article, we will address the questions of who pays for the services of qualified interpreters, and how those services may be arranged. Appropriate provision and use of interpreters is essential in bridging the care gap for many Minnesotans.

The ground rules are different for sign language interpreting than they are for language interpreting. Because individuals with hearing impairments are protected under the Americans with Disabilities Act, there is a mandate to provide assistance. The following information is excerpted from the Minnesota Department of Human Services' Minnesota Health Care Provide Manual.

Sign Language Interpreter Services

All providers are required to provide sign language interpreter services when such services are necessary to enable hearing impaired recipients to obtain covered services. Provider responsibility for paying for the interpreter services depends on the number of persons the provider employs.

- When 15 or more persons are employed, the provider must pay for the service. Providers may contact the Interpreter Referral Center (IC) for assistance in locating interpreters. The IC regional telephone numbers are:
    - CSD Interpreting Referral Services (651) 224-6548 voice/TTY
    - Northern Minnesota Referral 1-877-456-3839 voice/TTY
    - Central Minnesota Referral 1-877-456-7589 voice/TTY
    - Southern Minnesota Referral 1-866-333-9275 voice/TTY
- When fewer than 15 persons are employed, the local human services agency must pay for the sign language interpreter services. The local human service agency is responsible for establishing fees appropriate to the situation and the certification level of the interpreter. The rate should be agreed upon before services begin. If services are needed for four or more hours per week, it may be beneficial to negotiate a reduced rate and a contract for services.
- The DHS Deaf and Hard of Hearing Services Division manages the statewide program for interpreter referral. The suggested guideline is to make a *minimum of two weeks advance notice*. Call DHS Deaf Services Division information line at 651/297-1316 voice, or 651/297-1313 TDD/TTY for the number of your regional center.
- Prepaid health plans, under contract to provide MHCP services to MA, GAMC, and MinnesotaCare recipients, must provide sign language services when such services are required for the recipient to receive or understand the health care services provided.

Foreign Language Interpreter Services

Foreign language interpreter services are a covered benefit for Minnesota Health Care Programs (MHCP) fee-for-service recipients on Medical Assistance. Recipients of all 3 major programs (Medical Assistance, General Assistance Medical Care, and MinnesotaCare) that are enrolled through a prepaid health plan are covered for interpreter services. Contact the prepaid health plans for billing information.

- All enrolled providers *except inpatient hospitals and special transportation providers* can bill DHS for language interpreter services. Providers are responsible for arranging the interpretation service, and paying the interpreter. Use the same principles that you normally use when hiring, contracting, or arranging with a person to provide services to your patients.
- Use HCPCS code T1013 (1 unit = 15 minutes) to bill for the foreign language interpreter service.

- The MHCP payment rate is the lower of $12.50, or your usual and customary charge, for each fifteen-minute unit. When applicable, bill the patient's Third Party Liability (TPL) insurance prior to billing MHCP. Bill directly to DHS when the patient is dually eligible (Medicare and Medicaid) since Medicare does not cover the service.
- Three people must be present (or on the phone in the case of the interpreter) for the service to be covered; the provider, the patient and the interpreter. Neither the provider nor the patient's family member can act as the interpreter and receive reimbursement from MHCP.
- Bill only for the direct face-to-face service time. If the patient fails to show up for the appointment, then the interpreter service cannot be billed to MHCP.
- Interpreter services performed in a dental office must be billed on either the ADA or CMS-1500 claim form to bill the number of units. Older versions of the ADA claim form lack a units field so providers using it must bill interpreter services by listing the amount of units being billed in the comment or remarks field. If you are using a current version of the ADA form (2000 version) it already has a field to list quantity/ units. In either case, when billing with the ADA claim form enter a 22 modifier next to the interpreter procedure code (T1013). The CMS-1500 can also be used because the claim form has a unit field in box 24G.

Arranging for Interpreters

First, find out if the patient needs an interpreter. If they do, the provider should contact interpreters for the correct language. When contacting interpreters or interpreter services, check the rates, being aware that MHCP will pay only for the face-to-face portion of the service.

Interpreters for the deaf are certified, indicating that they were required to undergo training, and act within national ethical standards. At this time, language interpreters are not certified, nor is there any mandated training. Recall, as well, that family members or friends are not appropriate interpreters. As reported in *Bridging the Language Gap* (1998, Minnesota Interpreter Standards Advisory Council), using "untrained, 'volunteer' interpreters is rife with hazards. In one study of recorded ad hoc interpreter-assisted encounters, 25% to 50% of the words and phrases were incorrectly relayed. Using family members and friends as interpreters undermines patient confidentiality and privacy." Therefore, it is important to rely on experienced interpreters, arranged through agencies and/ or payors.

When addressing the needs of patients who are self-pay or are covered by private insurance, arrangements for interpreters and payment are varied, and dependent upon the 3rd party involved.

Anxiolytic Agents and Conscious Sedation

Minnesota Board of Dentistry Rule 3100.3600 allows dentists licensed in Minnesota to administer pharmacological agents to patients for "anxiolysis" (defined as a decrease in or elimination of anxiety). *Only with additional training and certification by the Minnesota Board of Dentistry may dentists administer pharmacological agents to patients for conscious sedation* (defined as a minimally depressed level of consciousness).

The Board believes that the public is greatly served when patients have the option to receive dental treatment in a relaxed state of being. However, many drugs have a dual effect of achieving anxiolysis and conscious sedation. Also, a practitioner cannot determine conclusively in advance what it will take to get a patient to a certain level of anxiety reduction or sedation. Therefore, a dentist must be fully trained in administration of such agents and management of patients receiving the agents.

Finally, the Board is aware that the use of term "sleep dentistry" is occasionally being used in advertising materials relating to conscious sedation. The Board wants dentists to be aware that the term may be misleading to the public, and would be in violation of advertising rules. The term "sedation dentistry" is a more accurate representation of what conscious sedation truly provides.

CDC INFECTION CONTROL GUIDELINES

The December 19, 2003 edition of the Morbidity and Mortality Weekly Report contains information on the Centers for Disease Control's (CDC) new Guidelines for Infection Control in Dental Health Care Settings. The report is available on the CDC's web site (cdc.gov/mmwr/PDF/rr/rr5217.pdf). Also included in this issue of MMWR is important information about disinfectants and sterilants (cdc.gov/mmwr/preview/mmwrhtml/rr5217a2.htm), methods for sterilizing and disinfecting patient-care items and environmental surfaces (cdc.gov/mmwr/preview/mmwrhtml/rr5217a4.htm), and recommended immunizations for health care personnel (cdc.gov/mmwr/preview/mmwrhtml/rr5217a3.htm).

The following is a summary of some of the critical issues addressed by topic area. Because the Guidelines are referenced in Minnesota Rule as the standard for infection control, and because it is in your patients' and your staff's best interest, please obtain a copy of the complete Guidelines from CDC and become familiar with them.

I. Educating and protecting dental health care personnel
II. Preventing transmission of bloodborne pathogens
III. Hand hygiene
IV. Personal protective equipment
V. Contact dermatitis and latex hypersensitivity
VI. Sterilization and disinfection of patient-care items
VII. Environmental infection control
VIII. Dental unit waterlines, biofilm, and water quality, and
IX. Special considerations (e.g., dental handpieces and other devices, radiology, parenteral medications, oral surgical procedures, and dental laboratories)

The updates addressed in the new Guidelines also include:

a. application of standard precautions
b. work restrictions for health care personnel infected with or exposed to infectious diseases
c. management of occupational exposures to bloodborne pathogens
d. prevention of sharps injuries
e. sterilization of unwrapped instruments
f. preprocedural mouth rinsing
g. laser/electrosurgery plumes
h. tuberculosis, Creutzfeldt-Jakob disease, etc., and
i. infection-control program evaluation

A future issue of Updates will provide a more in-depth discussion of the Guidelines.

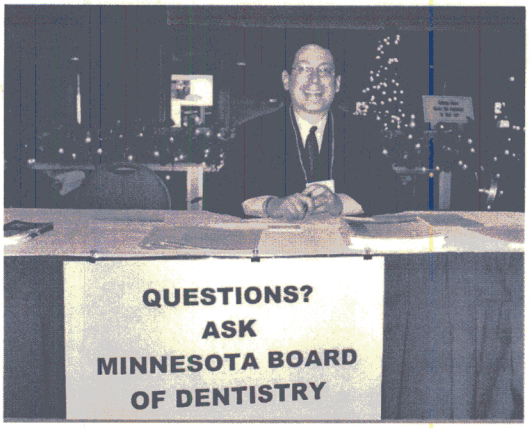
Effective February, 2004, Minnesota dental jurisprudence exams will be based on the Practice Act including new rules adopted in 2003, and the 2004 CDC Infection Control Guidelines.

Reporting Reminder:

Minnesota Statute 214.17-24 requires, as a condition of licensure, all regulated health care workers (HCWs) infected with HIV, HBVe antigen positive, or HCV to report their health status to their boards or the Commissioner of Health. A regulated HCW must be currently licensed and is defined as a registered or licensed nurse, physician, physician's assistant, podiatrist, dentist, dental hygienist, dental assistant, or a medical resident with a residency permit by the Minnesota Board of Medical Practice. This statute is intended to promote the health and safety of patients and regulated persons by reducing the risk of transmission of HIV/HBV/HCV in the provision of health care through the use of standard precautions and other infection control procedures and techniques.

A regulated person diagnosed as infected with either HIV/HBV/HCV is required to report this to the Commissioner of Health within 30 days of diagnosis or licensure. Any person required to report HIV/HBV/HCV under Minnesota Rule 4605, should also notify the Commissioner that this person is a regulated person. A person is held immune from civil liability or criminal prosecution for submitting a report in good faith under Minnesota Statute 214.18 subd 5.

If you have any questions or need to make a report to the Commissioner, please contact Steve Moore, RN, Minnesota Department of Health, at (612) 676-5414 or toll free at 1-877-676-5414.



Marshall Shragg, the Board's Executive Director, responds to questions from those attending the December meeting of the St. Paul District Dental Society.

ASK THE BOARD!

Board members and staff are available to present to study groups and attend meetings. The goal of participating in these events is to increase the Board's value as a resource to dental professionals. We would much prefer to have the opportunity to clarify questions or concerns in advance of a problem. For answers to general questions, please call the Board's main line (612-617-2250); to arrange for someone to speak to your group, please contact Julie (612-617-2245).

RESOLUTIONS FOR THE NEW YEAR

1. I will become familiar with the permissible duties that can be delegated.
2. For the protection of the public and for their own health, I will encourage my colleague who is impaired due to the use of alcohol or other drugs to confidentially contact HPSP… or I will confidentially report them to HPSP myself.
3. I will pursue continuing education as a means for professional development, not just for accumulating credits.
4. I will make sure that my patients give informed consent for treatment, understanding options, the risks & benefits, and cost of each option.
5. I will display my state license and annual renewal certificate at each office I practice in, where it can be easily seen by my patients.
6. I will wear a name tag.
7. I will get my eyes checked.
8. I will assess the advertising for my practice to be sure that the information in it is not misunderstood by the public.
9. Despite the $500 MA cap, I will not let patients of record go without care.
10. I will make room in my schedule to provide care for state-funded patients.

CLINICAL EXAMS, MORE OR LESS

MORE:

In 2003, the Minnesota Board of Dentistry began accepting a successful result from any of the four regional clinical exams for initial licensure. The four regional exams, CRDTS, WREB, SRTA, and NERB, will be accepted if passed within the five years preceding the application date.

All four exams, as well as independent state exams, continue to be accepted for Licensure by Credentials applications.

LESS:

As a result of recent statutory changes, Minnesota now has a provision for applicants for initial dental licensure to waive the regional clinical exam requirement. Anyone who successfully completes a general residency program (GPR or AEGD of at least one year) in Minnesota is allowed to waive the clinical exam requirement. Applicants who have completed similar programs in other states are eligible to apply for consideration of exam waiver.

RELEASE OF RECORDS

Offices must release patient records upon request, even if the patient owes a balance on their account. This information belongs to the patient, not to the practice.

The Board seeks an incredible person for a full time position as a **Licensing Analyst**. The person should be familiar with the Dental Practice Act, and will be responsible for managing license and registration applications, and providing a resource to licensees and registrants on professional development. The position is classified with the State as a State Program Administrator, with a salary range of $14.79-$21.40/hour. Please see the full job announcement and apply at the Department of Employee Relations website. (doer.state.mn.us/stf-bltn/jobs2/index.htm).

UPCOMING BOARD AND COMMITTEE MEETINGS

Complaint Committee "A"	1/16/04, 8:30 am	CLOSED	Complaint Committee "B"	2/26/04, 8:00 am	CLOSED
Board Meeting	**1/23/04, 8:30 am**	**OPEN**	Complaint Committee "A"	2/27/04, 8:30 am	CLOSED
Allied Dental Education	1/26/04, 6:30 pm	OPEN	**Board Meeting**	**3/26/04, 8:30 am**	**OPEN**
Complaint Committee "B"	1/29/04, 8:00 am	CLOSED			
Licensure & Credentials	1/30/04, 8:00 am	CLOSED			

NOTE: The Board office will be closed on 2/16/04 for Presidents Day.

NAME AND/OR ADDRESS CHANGE

If you have a name or address change you must inform the Board in writing within 30 days of the change. Practicing dentists are required to have their primary practice address on record with the Board. All others may list a home address. Note: Your name and address are public information.

Name (last, first, middle)	Former Name (if applicable)
Old Address Street:	**New Address (if applicable)** Street:
City/Town:	City/Town:
State:	State:
Zip Code:	Zip Code:
MN Dental License/Registration Number:	Daytime Phone Number:
Signature (Required):	Email Address:
	Effective Date:

✂ Please cut along dotted line and mail to Board office. ✂

MINNESOTA Board of Dentistry - Updates

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